

BERRIEN COUNTY CANCER SERVICE

7301 RED ARROW HWY.

STEVENSVILLE, MI 49127



OSTOMY

NEWSLETTER

September - October 2008



what matters.™

WHICH POUCHING SYSTEM IS RIGHT FOR YOU?

By Gwen Turnbull, BS (a pioneer ostomy nurse Via: Northern Virginia Pouch)

With so many ostomy products available, it's hard to know which one is right for you. Regardless of the brand of product or type of surgery you have, there are a few basic features an ostomy pouching system must have to give you a sense of security and confidence. First, it must contain urine or stool, gas and odor without leaking. Second, it must help protect the skin around the stoma from damaging effects of stool or urine. Third, the systems should remain in place for a sustained and predictable wear time. Wear time—this means you should be fairly certain your pouching system will remain intact without leakage for a definite period of time. That time period varies among individuals and ranges from 24 hours to 7-10 days.

Wear time- has a lot to do with the amount and character of your output, the climate in which you live, your daily activities, and the type of skin barrier you use.

Output — High volume liquid output will melt standard, pectin-based barriers faster than the more modern synthetic extended-wear barriers. Using a skin barrier paste as "caulking" around the stoma or a "bead" on the back of the skin barrier, can help increase wear time and skin protection.

Visibility/Intimacy/Cost — Once the above criteria have been met, look at other pouching system features that might impact the way you feel about yourself. For example, is the pouch visible under your clothing, and does that determine your feelings about yourself during periods of intimacy? Do ostomy supply costs, or worry about them, overwhelm you?

Your Adjustment — Researchers believe that such concern can affect your adjustment to, and satisfaction with, your life after ostomy surgery. That's why it's important to look at the fine distinctions about ostomy pouching systems. Consider a system's wear time as it relates to its costs. Calculate your ostomy supply costs on a yearly total-cost basis rather than a cost per change basis. You may find that an inexpensive pouch that must be changed daily costs more in the long run than the more expensive pouch you can wear for three days.

Conclusion — Investigate the size, shape, color, contour, profile and ease of application and emptying of a variety of pouching systems. Which one will be right for you? The one YOU FEEL is right for you!

SOME OF THE BEST BASIC OSTOMY HINTS

Via: The Right Connection, San Diego

Don't believe as if having an ostomy makes you less of a person or some freak of nature. There are lots of us and most of us are glad to be alive. Build a support system of people to answer questions when you have a problem. Don't play the dangerous game of making your appliance fail by over taping or putting off a change. There aren't any prizes given for the longest wear time except accidents. Don't wait until you see the bottom of your supply box before ordering more. Always count on delays in shipping, holidays, etc. when calculating what is needed. Zip-lock sandwich bags are useful and odor-proof for disposal of used ostomy pouches. Don't get hung up on odors. There are some great sprays and some internal deodorants...Remember— everybody creates some odors in the bathroom. Don't feel you are an exception. Hydration and electrolyte balance is of vital importance. Be sure to drink enough fluids to maintain good hydration, ileostomates especially. Read and learn all you can about ostomies. You never know when you may find an opportunity to educate someone about the life-saving surgery that has extended so many lives. Learn to be matter of fact about this and never embarrassed. Few folks get out of this life without some medical problems and unpleasant situations with which to cope. You may be amazed at how people will admire your adaptability and courage. In the beginning after surgery, almost everyone experiences some depression. If you fit into this category, you are certainly not alone. But it need not be a lasting condition. Try something as simple as walking...long walks. If the depression seems to linger, don't be afraid or ashamed to seek help. There is help out there! The bottom line is— We are alive! In other times, in other countries, we might not be. Medicine and techniques today have given us an opportunity to experience this second chance. It is certainly an opportunity worth accepting and exploring. The most important part of you as a human being has not changed.

NO NEED TO SING, THE POUCH POPPIN' BLUES

Adapted by The New Outlook, Chicago's North Suburban Chapter, Via: Charlotte NC Chapter, Pittsburg PA & Fairfield OH Chapters

Worried about your pouch popping off? Good! You're not dead, yet! Take heart. These days with the advances in modern appliances, and if care has been taken when the pouch was applied, this will almost never happen. But we need to do our part. Look, pouches pop off when they're full, and we move fast. So, if you don't want to stop moving, better keep that pouch pretty empty. For this reason, some ostomates wear the big pouches. Many of our members wear 9 inch pouches because they show less and are more convenient. Some of the smaller pouches actually look sporty. I personally like a sporty looking pouch. There is no real issue with having a full pouch, if you empty when you urinate. A male member said, "The biggest change my ostomy has made in my life is that I never use the urinal any more." He empties his pouch every chance he gets, which means that he empties it when he urinates. Most of us don't make special trips to the bathroom just to empty a pouch, unless one has a urostomy. This statement applies mostly to ileostomates.

ILEOSTOMY RETRACTION

by Gail Wilhite, RN, ET, from Metro Maryland, Via: Ocala FL & S. Brevard FL Ostomy Newsletter

An ileostomy stoma should be at least 3/4" in length and some surgeons advocate a longer length of 1" to 1 1/2". A spout-like stoma is necessary to deposit the effluent into the bag preventing pooling of contents at the base of the stoma. Conversely, a stoma that is too long is subject to external trauma and injury. Weighing the consequences, it is preferred to have a stoma somewhat too long than one too short. There is a difference between the creation of colostomy and ileostomy stomas. Frequently, when fashioning a left-sided colostomy, the surgeon will create a flush stoma. The contents of the left colon are relatively inert and usually regulated with irrigation; therefore, little or no functional problems occur with a flush colostomy stoma. An ileostomy stoma is never constructed as a flush stoma; nevertheless, sometimes the stoma may retract for various reasons. The common cause of stomal retraction is post-op weight gain. Prior to their operations, most ileostomates have lost considerable weight. Following surgery, weight gain can be rapid, and, many times, excessive. What once was an adequate stoma, now retreats within the expanding environment! Another cause of retraction may be inadequate fixation of the opposing serosal layers following eversion. If these layers fail to adhere, healing and subsequent scarring may tend to draw the stoma into the abdomen. Problems resulting from retraction are decreasing adherence of the appliance and skin breakdown. The pooling of the excoriating intestinal contents cause the loosening of the adherent bond resulting in leakage of ileal effluent on the skin. This skin-effluent contact naturally produces breakdown. The combination of irritated, weeping peristomal skin and continual pooling leads to an unbearable situation, which must be remedied. The treatment for a slightly retracted stoma is the use of a convex faceplate. The convexity applies pressure on the skin surrounding the stoma, thus pushing the stoma up. When using a convex faceplate, it is important not to lose the convexity by applying thick washers or foam pads, etc. The skin and faceplate should suffice to maintain the advantages of both convexity and skin protection. If the use of a convex faceplate proves unsuccessful or if the retraction is severe, then surgery is advised to create a new, longer stoma.

The Ostomy Support Group will meet with the Cancer Support Group at BCCS on September 16th and October 21st.

YOU CAN'T QUIT

Via: Rambling Rosebud & Indian River, Florida

The following is an ageless essay from an American whose indefatigable style in the face of adversity inspired millions around the globe during his struggle with cancer. I hope it will inspire you even now, for his wisdom lives on beyond his own days in this life. Although in this, he focuses on his fight against cancer, the author's can-do attitude can be a boost to ostomates whether or not they have fought cancer, for he carried on a very active life—as a urostomate. “The worst moment of my life was when I discovered I had cancer. I know what this dreaded disease can do to a person and what the chances of survival are. But if you think of yourself as a statistic, then you are really in trouble. You have to believe you can win this fight. You have to gear yourself to the continuity of the struggle, knowing that there will always be days when you won't feel good. My faith and hope gets me from day to day. Deep down, I believe in miracles. They have happened to a lot of people who were given up to die and then were restored to good health. But there are days when I get discouraged, when I start feeling sorry for myself, I tell myself, “the doctors told you this would happen”. You can't do anything about it, so get on with living.” If you can't get over self-pity, the games all over with. I think the biggest mistake is giving up. Adversity is an experience, not a final act. Some people look on any setback as the end. They are always looking for a benediction rather than an invocation. Most of us have had enough problems so that almost any day we could fold up and say, “I've had it!” But you can't quit. Life is a struggle. If anything is easy, it's not likely to be worthwhile. The important thing in any setback is whether you can pick yourself up. That helps me with my illness. I keep thinking, “Well, tomorrow's another day.” There are many people who say, “It's all right for you to talk about tomorrow being another day, but if you knew how much pain I suffer.....” I do know. Let me tell you something. When you give, you receive back a thousand fold. If you have a well and draw water from it, it fills. If you don't draw water from it, it gets stagnant. You have to learn to give yourself. I hope that I can demonstrate for others that you don't have to throw in the towel when you have something like cancer. Be grateful for every day of your life. Be buoyant about it, and do the best you can with what you have.”—The Honorable Hubert H. Humphrey

WHAT IS THE RIGHT WAY TO USE SKIN BARRIER PASTE

Via: www.convatec.com & Hemet-San Jacinto, CA.

There are a variety of types and brands of skin barrier pastes, so check with the manufacturer of the brand you're using for specific instructions. Skin barrier pastes are used as “caulking” to fill in the space between the stoma and the opening in the skin barrier. Skin barrier pastes are not “glue”, and should not be used to keep the pouch on the abdomen. The pastes fill in gaps or uneven areas, protect the skin around the stoma, and can increase wear-time. Generally, this is the procedure you should follow if skin barrier paste has been recommended to you.

1. Remove the soiled wafer and gently clean the skin around your stoma in the usual way. Pat the skin dry.
2. Apply a bead of skin barrier paste around the stoma opening on the body side (sticky side) of the skin barrier/wafer or apply the paste to the skin immediately surrounding the stoma.
3. Let the paste air dry for about one minute.
4. Gently place the wafer over the stoma and on to the skin. Hold in place for a few minutes, allowing the warmth of your hand to mold it to your abdomen.
5. Attach your pouch to the flange on the skin barrier.

THE RISK OF BEING SET IN YOUR WAYS

By: Sharon Williard, RNET, Metro WA "By-Pass" & Golden Gate Chapter

Sometimes, it takes a catastrophe to shake us out of our complacency. It is easy to fall into the "ostrich syndrome." This is unfortunate, particularly when it comes to ostomy management. It is only through education that individuals grow, learn and reach their fullest potential as ostomates. While writing this column, I was reminded of several examples of individuals recently seen by our ET team. One gentleman had a sigmoid colostomy performed many years ago and had developed a huge peristomal hernia. He irrigated his colostomy daily and had been using what now classifies as an antique set. The irrigator was a latex bag with no measuring guide to gauge the amount of solution being given. There was a hard rubber catheter with no shield present on the irrigator tubing. He had been forcing the tubing into its full twelve inch length. He poked and poked until it finally went in. All-in-all, it was a miracle that he had not perforated the herniated bowel. He had not been successful with irrigations, continually losing as much water around the catheter as he was instilling. It was difficult for him to accept an explanation of why he was flirting with danger. After all, he had ALWAYS done it this way! Only after a great deal of persuasion was he agreeable to trying a new set with a measuring guide on the irrigator and a cone in place of the catheter. One elderly lady called the ET office in a state of panic. She was no longer able to obtain the rubber pouches she had been using for 25 years. She had been ordering through the mail from a distant state. She had no idea of any other pouch that could be substituted and also had no idea of what supplies were locally available. She was totally amazed at the new light-weight odor-proof pouches now on the market. Another case involved a gentleman who had put up with a continued skin irritation from a cement he had been using for many years to adhere his ostomy pouch. He was obviously allergic to this preparation and would periodically have to discontinue wearing a pouch to allow his skin to heal. Had he known several years ago about the new hypoallergenic skin barriers when these became available, how much more comfortable his life could have been. In conclusion, being an ostrich with your head in the sand is for the birds. Attend ostomy support group meetings, ask your doctor, ET, and pharmacist "What's New?" You may be surprised at the improvements you will discover.

DON'T SWEAT IT!

By: Christine Newberry, RN, WOCN, Cymed Via: The Greater Cincinnati Chapter

Does sweating cause you pouching problems? If you work or live in a warm environment, if you are an athlete or just prone to sweating, you may have problems keeping your pouch barrier on. ***Sweat less!*** Some antiperspirants can be used underneath an ostomy barrier. Many antiperspirants dry after application and leave little residue that would affect the adherence of a pouch. C.C. a cyclist in Maryland uses Tussy 5-day Antiperspirant that is sold in packets. Mitchum and Crystal, among others, have been used successfully by ostomates to diminish perspiration. Do your own research and find one that works for you.

Increase Adhesion! If your barrier is floating off, consider increasing the quantity of adhesive. SKIN TAC has recently been produced in a new wipe-on form. This is a thin, clear adhesive that is easily removed with alcohol; Torbot manufactures it. Hollister makes a medical adhesive spray. And for the truly needy, there are paint-on adhesives that, though more cumbersome, can make a dramatic difference in adherence. Two of these are NuHope Adhesive and Skin Bond by Smith and Nephew. All of these products are available at most ostomy product dealers.

Try a Breathable Barrier. The MicroSkin adhesive barrier on all Cymed pouches is moisture-vapor permeable and allows perspiration to flow through the barrier rather than being trapped beneath it. John Dermengian recently wore a Cymed pouch through the grueling Iron-Man Triathlon. His pouch held up through 16 hours of extreme physical exertion and lasted a total of 6 days. A sample of these pouches is available from Cymed Ostomy Company at 800-582-0707.

STOMAL STENOSIS

Via: Ralph Kaye Chapter, San Antonio, TX

Stomal Stenosis is a narrowing of the lumen of the stoma as it passes through what is referred to as the fascia (located 1/2 inch or so below the ostomy opening) or a narrowing of the ostomy opening due to a tightening of tissue about the ileostomy. The peristomal hernia is a widening of the defect of the abdominal wall through which the ileum passes to reach the abdominal cavity. If this defect becomes too large, then more ileum can move into the space between the skin and the lining of the abdominal cavity. The ileum in this space can then twist or kink on itself and cause a blockage. Any type ostomy can become stenosed. Your doctor can help resolve this by several methods. Stenosis that develops right after surgery is usually attributed to mucocutaneous separation—the stoma separating from the skin to which it is sutured. Stenosis that develops later may be caused by disease (Crohn's or tumor), excessive scar tissue formation at the skin or fascial level, trauma resulting from improperly fitting equipment, hyperplasia or chronic irritant dermatitis or peristomal skin. Preventive measures include maintenance of a secure pouch seal to prevent peristomal skin breakdown, urine acidification measures and prompt treatment of hyperplasia and awareness of signs and symptoms of partial stoma obstructions.

DEHYDRATION AND THE ILEOSTOMATE

by: Terry Gallagher, UK (Edited & Excerpted)

When we had our ileostomy surgery, our colon was removed. In a normal person (that is a person with a working colon) the colon is responsible for absorbing most of the water we drink and that is contained in our food. In addition, electrolytes such as sodium and potassium, essential to maintaining good health, are absorbed there. Removal or disconnection of the colon immediately causes the first problem because of the removal of the ileo-valve. This valve is between the ileum or small intestine and the colon where the appendix is attached. Its purpose is to hold back the food in the ileum to enable it to be absorbed better. When we lose this valve, food and water pass through our digestive system faster, so less is absorbed, accounting for weight loss when a person first recovers from the surgery. The ileum does absorb more water to compensate but still absorbs much less than the colon did. Waste from the ileum normally has about 30% of the water remaining, while waste from a colon has about 10% remaining—quite a difference. In addition, we lose ten times as much sodium and potassium as someone with a colon. Because of all this, anything which upsets the balance in our bodies has a much faster effect, as well as happening much quicker than in a person with a colon. A typical example is gastroenteritis. A normal person with the same degree of infection may well be sick and have diarrhea for a couple of days, whereas we may well be up in the hospital as an emergency. This may apply to other problems which upset the digestive system's balance as well as gastroenteritis. When these occur, a normal person may experience nausea, vomiting, fever, abdominal cramps, bloating and sometimes bloody diarrhea and signs of dehydration (including the veins on the back of the hands and elsewhere becoming invisible). Ileostomates may experience these signs differently. My ileostomy filled up very rapidly with fluid. On emptying the pouch it refilled in minutes. I felt nauseous and developed abdominal discomfort. I rapidly began to experience the symptoms of dehydration which include a dry mouth, decreased or virtually non-existent urine output, heart irregularities and dry skin. In my case, I could see my urine output had ceased as I have a urostomy as well. This is a medical emergency. In less than a 15 minute trip to the hospital by ambulance, the driver remarked that I had visibly deteriorated during the trip even with an IV of saline being administered. If hospitalized for dehydration, the ileostomate may expect IV solutions to be given. The fluid given will be saline, potassium, or potassium and glucose to replace those essential electrolytes lost as mentioned earlier. Expect an EKG to check for heart problems, bloods to be taken, and stool and urine samples (to check for infection) and chest and abdominal X-rays. Dehydration is a serious medical emergency that can lead to shock, unconsciousness and death if not treated soon enough. Delaying treatment can also lead to kidney damage, which may be permanent, requiring life long dialysis or a transplant. If you become ill with diarrhea, vomiting and fever that persists you find yourself with a pouch which is filling and refilling with fluid and start to develop a dry mouth with abdominal pains, seek emergency treatment immediately. Normal people may sneer that we're making a lot of fuss for a simple "tummy bug" — we're not! It is much more serious for us than for people with a colon.

BERRIEN COUNTY CANCER SERVICE
7301 Red Arrow Highway – Stevensville MI 49127
Stevensville: (269) 429-3281 Niles: (269) 683-7460

OUR MISSION: To provide free skilled home nursing services, equipment, information and supplies at cost for cancer patients and their families in Berrien County.
FOR YOUR INFORMATION: at BCCS, we accept donations of ostomy supplies. We would be happy to give these supplies to anyone who can use them. Please have your supply numbers ready and call our Stevensville office to see if we have what you use!

WOULD YOU LIKE TO HELP . . .

Contributions to our non-profit 501(c) (3) corporation are tax deductible.

Donations to our General Fund help to balance our current budget.

Memorial contributions are made in memory of a friend or loved one who has passed away. For memorial contributions, we need to know the name of the person being memorialized as well as the name and address of their next-of-kin so that we may send them a tribute card.

Honorary contributions are made in honor of someone yet living. For honorary contributions, we need to know the name and address of the person being honored so that we may send them a letter of recognition.

Any contribution may be mailed or brought to our Stevensville or Niles offices.

ENDOWMENT FUND

The Berrien County Cancer Service has its own Endowment Fund to ensure that we will be available for as long as needed. Donations to this fund may be mailed or brought to our Stevensville or Niles offices.

We have partnered with the Berrien Community Foundation and the Michigan Gateway Community Foundation to enable donors to take full tax credit advantage from the Michigan Community Foundation Tax Credit.

To make this type of donation, please send payment directly to:

Berrien Community Foundation
2900 South State Street, Suite 2 East
St. Joseph, MI 49085

Michigan Gateway Community Foundation
111 Days Avenue
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A letter to be used as a receipt and for tax purposes will be sent for all donations.

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